MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	0
1. PLACE OF DEATHO	(93-01)	
County Al march	Registration Dist. No. 212	
Village of tilgen Leverardlown	No. St. V	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or lown where death occurred	s ds. How long in U. S. If of foreign birth?yrsmos	ds.
2. FULL NAME Thosa Woll		
(a) Residence: No. Man Junas allow	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	_
OR DIVORCED (write the word)	21. DATE OF DEATH (21) 1022	
finale (Co) Amile	(Month) (Day) (Year	r)
Ba. If merried, widowed, or divorced 4 HUSBAND of (or) WIFE of	22. I HER BY CERTIFY, Thet attended deceased	from
(01) MIFE 01	275 1933, to July 30, 19	33
6. DATE OF BIRTH (month, day, end yeer)	I last saw he alive on Jane (30, 1932; death is	s seid
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated above, at	
69 8 / day,hrs.	mare se follows:	
9 Teads profession or particular	Date of d	onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	pyrcordilin acule for	125
9. Industry or business in which work wes done, as SILK MILL,		-/-
S. Irade, profession, or pertuctal kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this recrueiting (month end this recrueiting (month end this preparation).	-	
this occupetion (month end spent in this occupetion		
1 2 10 10	Other Coutributory Causes of Importence:	
12, BIRTHPLACE (city or town) (State or country)	The state of the s	
	WYORGENT GROWLING	19
E Total		
(Stete or country)	Neme of operation	
The state of the s	Whet test confirmed diegnosis? Wes there an autopsy?	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth wes due to external couses (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?	
Wine 1 2 /1/ 100	Where did injury occur? (Specify city or town, county and State)	
17, INFORMANT AND MALL MALL MALL MALL MALL MALL MALL MAL	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	Menner of injury	
Place AT Johns Constante July 219,1932	- Neture of injury	
9.20 8 Mich	24. Wes disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	if so, specify	
21. 88 /2	(Signed) IT been well	мр
20. FILED 19 Cacalla Registrar.	(Address) Parker Hours 20	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT

CORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back

properly classified.

certificate.

Jo

Exact statement of OCCUPA.

V. S. No. 1

N. B.—WRITE PLAINLY, WA

# STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County At Maryo	Registration Dist. No. 287
Village or City.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Combs Ube	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male 456. I OR DIVORCED ("write the word)	lune 28 1933
5e. If merried, widowed, andivorced	(Month) (Day) (Yeer)
HUSBAND of Corla abell	22. I HEREBY CERTIFY, That I ettended deceased from
200 (7.10/10)	Jenn 1, 1972, to pen 24, 19.33
6. DATE OF BIRTH (month, day, and yeer) Way 3, 1868	I last saw h alive on
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the date stated above, et 2.2.2 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	610-6-1-4-1-1
9. Industry or business in which	mille Interstight 5/10/20
work was done, as SILK MILL, SAW MILL, BANK, etc	ragensus 110/25
10. Date decessed lest worked et this occupation (month endless /175) spent in this occupation occupation occupation	
O O'L	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Show & Clark State or country)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
	What test confirmed diegnosis?
15. MAIDEN NAME CONTROL DIVING	23. If deeth wes due to externel ceuses (VIDL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
0 00 00	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place At James Concelosing June 29, 1933	Neture of injury
19. UNDERTAKER War C mettende	24. Wes diseese or injury in any way related to occupation of deceased?
(Addiess) Lumadhum   hd	If so, specify
20. FILED. July 281933 MR. had Registrar.	(Signed) M. D. (Address) Great M. D.
76 11 1 11 11 6 2 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Larry Wall Vib			
Other contributory causes of importance:		Other contributory causes of importance:	11-11-1
Gallstones	May 1,1923	Gastroenteritis	1 year

LORD. Every item of infor-MARGIN RESERVED FOR BINDING

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

ż

Exact statement of OCCUPA-

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County St. May J	Registration Dist. No. 4
Village or City and slig	NoSt.,Ward
	os. U. ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME Still-bou	A romatron
(a) Residence: Np. Of alaly	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVDRCED (write, the word)	6 / 193.2.3.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1 3 3	deadle to 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h alive on, 19.3.3.; death is said to have occurred on the date stated above, at m.
O O Iday,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Julall a well
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	a fo. 6/2 mos
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this occupation	
1. 1. 8	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Oat of (State or country)	ylyl Parellei,
13. NAME Robert Clark	
13. NAME Plotted Class  14. BIRTHPLACE (city or town). a verification of the control of the cont	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME or Stabelt durishing 16. BIRTHPLACE (city or town) Aced &	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
A Carrielani	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	Specify machini many occurred in integration, in fibrile, of in public FERGE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1,195	Nature of injury
19. UNDERTAKER Moser as amstricing	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify and the was
20. FILED 6 - 1 - , 1933 1(V.) alm	(Signed) M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيبسا		1

RECORD

8

ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... S PHYSICIANS shou Registration Dist. No. Ill death occurred in .Ward) a hospital or institution, give its NAME instead ot street and number.] Statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) Exact I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ciassified. pe (Month) (Day (Year) 7 AGE If LESS than that death occurred on the date stated 1 day,.....hrs. OR ..... mln. ? properly BOCCUPATION AG (a) Trade, protession, or particular kind of work. pe ed. (b) General nature of industry. Supplie business, or establishment in may (Duration) which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) (Deration 10 NAME OF FATHER (Signed) 1913 back 11 BIRTHPLACE terms, (Address) ENT hould OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME plain instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) c 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH ot death State ..... yrs. Where was disease contracted. KNOWLEDGE If not at place of death?-OD Former or Item OF (interment) Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Village or City Point Point (No	Registration Dist. No. 28/  St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Barah Irashir	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, marrie q ordivered (Write the word)	18 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY, That, I attended deceased from
DATE OF BIRTH  Alay (Month) (Day (Year)	that I last saw her alive on fline I 1925
7 AGE  4 Co If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH's was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Intestinal House
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jilliam Bryant	(Signed) Grand Q M. D.  Will 4, 1873 (Address) Level Stown Mg.
C OF FATHER (State or country) estimated and a 12 Major NAME OF MOTHER A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) pestmorel and ba.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS)  At place in the of death yrs, mos, ds
(Informant) Lates Jes Coe	Where was disease contracted, If not at place of death?  Former or usual residence.
16 Filed June 4 1833 Harrison Habbs	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  20 UNDERTAKER  ADDRÉSS  AL
If more blanks are needed, address State Regist	rar, 6 B. Franklin St., Balto, Requesting V. S. So. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabiy LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions." "Debility" ("Con thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. should state

PHYSICIANS Exact statement

stated EXACTLY.

AGE should be

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

of OCCUPA-

ECORD. Every item of infor-

1. PLACE OF DEATH	115-0
County St. Marya	Registration Dist. No. 284
Village or City Meternamesvelle	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  27. ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred	A. Z.S. as. now long in 0.5. if of foreign bitth?yrsmosas.
2. FULL NAME Joseph I Juckefe	r
(a) Residence: No. Machanissielle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH
Wale while fingle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended doceased from
a la cole 1222	The same of the sa
6. DATE OF BIRTH (month, dey, and yeer) July 8 1930	VI last saw h. / M. alive on June 19. 3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
2 10 22 ormin.	were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RDOKKEFER etc.	Olardiac and respiratory
	facture 6-10-23
work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupetion (month end spant in this occupation year)	
4 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Afghanis Velle (State or country)	Olloute tousellily and
The state of the s	septie sore throat,
14. BIRTHPLACE (city or town) Bengdiel	3 lopenia,
14. BIRTHPLACE (city or town) Dengdist	Name of operation
(State of Country) Marley - Co	What test confirmed diegnosis? Wes there an autopsy? Ito-
15. MAIDEN NAME Marrie Cusich	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Benedict	Accident, suicide, or homicide? Dato of injury, 19
(State or country) Charles Co,	Where did injury occur?
17 INFORMANT Raymond Buckles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) mechanicenile	
18. BURIAL, CREMATION, DR REMDVAL 7	Manner of injury
Place St. Josepha, Morgangae June 11, 19 33	Nature of injury
10 HADEDTAKED & Deep 1.0	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address) There have small	If so, specify
y (1) P May 11	(Signed) John M. Harriston M. D.
20. FILED Registrar.	(Aldress) Type hame swelle Til
·/-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

properly classified.

he

TION is very important. See instructions on back of certificate.

20. FILED KREESK, 1933

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may

of OCCUPA-

Exact statement

	CERTIFICATE OF DEATH 06303
1. PLACE OF DEATH	82-0
County SI mary	Registration Dist. No. 280
Village or City Right of mel	ND. St. Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town whera death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Julia Januar	Caulier
(a) Residence: ND./ (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  See 11 married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
HUSBAND of (or) WIFE of hh Morried	122. I HEREBY CERTIFY, That I attended decaased from June 15. 1933, polymers 1 1983
6. DATE OF BIRTH (month, day, and year 1 1886	I last saw h.27 aliva on Jane 20 , 193 3; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at S. 30 Q.m.
52 1-00 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Prolyses. Jollan fr Date of oncet
10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Personal State or country)	Dthar Coutributory Causes of Importance:
13. NAME acces a Courley  14. BIRTHERACE (city or town) St Jugas Ing  (State or country)	Name of oparation
E 15. MAIDEN NAME MORE () CO. Sele	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME More Clerke  16. BIRTHPLACE (city or town) Bales (State or country)	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT N. Nafaigh (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Methods Date June 22, 1933	Manner of Injury
19. UNDERTAKER Engene Head my	24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)\_\_\_\_\_

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY, ż

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	DEATH 06354
County St Marco	Registration Dist. No. 28-7
Village or City Andre	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Suctemed Daniel	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) June 11/33	I last saw hom. Sweeth Land Jan 10, 1923; death is said
7. AGE Years Month's Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still birth cause
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	unknown
10 Date deceased last worked at this occupation (month end spent in this year) cocupation.	
12. BIRTHPLACE (city or town) Ridge (State or country)	Other Coutributory Causes of Importanca:
13. NAME Victor H Daniel 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Dete of Was there en au'opsy?
15. MAIDEN NAME Constance a Hayel	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Confirmed Daniel (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At Perfect Consultant Date 12.3	Manner of injury
19. UNDERTAKER Comment Bytynians (Address)	24. Was disease or injury in any wey releted to occupation of deceesed?  If so, specify
20. FILED June 12, 1932 Pyre Registrar.	(Signed) Gent bulls ha
77 11 1 11 11 0 2 1	

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915 1921	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street car		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Should

certificate. back may instructions plain important. should OF CAUSE NOIL

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County S Registration Dist. No. > Village or City, (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME (a) Residence No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writethe word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ----- hrs. and related causes of importance or ..... min. were as follows: Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.\_\_\_ Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .. 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_ 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIDLENCE) fill in also tha following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_\_19. 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of injury 24. Was disease or injury in any way ralated to occupation of deceased?\_ 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
17			
oni emborie	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CCORD. Every item of infor-PHYSICIANS should state of OCCUPA-NECORD, Every Exact statement stated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	FR-D
County Still als	Registration Dist. No. 2 76
Village or City Madoly	No. Mard St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  2 - 2 - ds. How long in U.S. iI of loreign birth?
2. FULL NAME Samuel /	-ade
(a) Residence: No. Madaly (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, er divorced	
(or) WIFE of Charlotte / + q der	22. I HEREBY CERTIFY, That I ettended deceased from 5 1933, to 6 1933
6. DATE OF BIRTH (month, day, and yeer) 18 - 3 - 1850	I lest saw h alive on (e, 19.3.3; deeth is said
7. AGE Years Months Oays II LESS than	to have occurred on the date stated above, at 2.Pm.
82 9 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as Iollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Crehalajopely y V-12-33
SAWYER, BOOKKEEPER, etc.	
d Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate decessed last worked et this occupation (month and year)  year)  3. 3	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Calledan Durons 1-1-19
13. NAME Jame Itade  14. BIRTHPLACE (city or town) Olivapitics  (State or country)	
[ 14. BIRTHPLACE (city or town) Chapties	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAMELY alathum Carpents 16. BIRTHPLACE (city or town) Cleantico  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the Tollowing:
[ 16. BIRTHPLACE (city or town) Classifico,	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mailotte + a de (Address)	Specily whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Plece 4 4 11 20 10 0ate 6 4 1933	Nature of injury
19. UNDERTAKER a.C. WECOL	24. Was disease or injury In any way related to occupation of deceased?
(Address) Chapter w	If so, specily
20. FILEO 6 - 1 - , 19 3 3 N. V. O alum Registrar.	(Signed) M. D.
Дедини.	V

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLLAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA. ORD. stated EXACTLY. A PERMANENT properly classified. UNFADING INK-THIS IS AGE should be pe See instructions on hack of CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully -WRITE PLA TION is B. ż

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH				(77)	
County St. Mary				Registration Dist. No.	
Village or City Clements				No. St., Ward	
Length of residence in city or t	own whare dea	th occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME	20000	Mull.	04	778874	
10	Ones	T.	and for	St Ward.	
(a) Residence: No.		(Usual place o	f abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND S	TATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
male Colore	RACE S		IED, WIDOWED, (write the word)	21. DATE OF DEATH 28 , 193.3 (Year)	
5a. If married, widowed, or divorced HUSBAND of		1			
(or) WIFE of	/			22. I HEREBY CERTIFY, Thet I ettended dacaasad from	
6. DATE OF BIRTH (month, day, and	year) OC	f. 17-	1932	I last saw h alive on armed , 19; death is said	
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date steted ebove, atm.	
0	8	//	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
8. Trada, profession, or particul- kind of work dona, as SP SAWYER, BOOKKEEPER, e	ar INNER, tc			(Leule enters Colitis	
9. Industry or business in which	1	one		Jum food paroning, fam I day	
SAW MILL, BARK, etc		ne (yeers) t in this	Food polos		
12. BIRTHPLACE (city or town)(State or country)				Other Contributory Causes of importance: and by spoiled	
13. NAME	Will	2	huson		
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Ma	cepand	2	Name of operation	
# 15. MAIDEN NAME ale	is The	oung		What test confirmed diagnosis?	
0 16. BIRTHPLACE (city or town)	Mar	Aan &	7	Accident, suicide, or homicide? Date of injury, 19	
2 (State or country)  17. INFORMANT Uly ee I four g  (Address) Clemut I was				Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Socied Keart Date June 29, 1933			29,19.33	Menner of injury	
19. UNDERTAKER angs Junom (Addiess) elumits and			~	24. Was disease or injury in eny way related to occupetion of deceased?	
20. FILED June 27, 1933 A. 12 January			T Registrar.	(Signed) Clay Cull M.D. (Address) Popular M.D.	
	If more bla	nks are needed, ad	dress State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write heusewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (6309
1. PLACE OF BEATH	(10000
County M. Meaces	Registration Dist. No. 287
Village or City Malle Wood	No. St. Ward
Length of residence in gity or town where death occurred $\Omega$ very most	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in the of town where death occurred to the control of the con	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AU CACACACACACACACACACACACACACACACACACA	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, WORKER (Write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF Kate Lackary	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Uch. 22, 1865	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the datestated above, at
67 7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Chrowe Mepleretes
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10 Date deceased last worked at this occupation (month and	······
year) occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	
E md	
14. BIRTHPLACE (city or town)   (Stete or country)	Name of operation Date of
E 15. MAIDEN NAME Many James .	What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 214	Accident, suicide, or homicide?
17. INFORMANT Dery Lattace (Address) Nachen Co	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place  Date  Date  10, 19.3.3	Manner of Injury
19. UNDERTAKER Wy 6, Quality 5 (Address) Live and to the	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mue 9, 19 33 Range Registrar.	(Signed) nayl 4. Caughter (Address) Local address
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore, Requesting 7) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

OCCUPA-

-WRITE PL

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06370
1. PLACE OF DEATH	(8)
County St. way	Registration Dist. No. 2 & 6
Village or City Madday w	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  / 2_ ds. How long in U.S. If of foreign birth?
c 0 · 7	- f des_ as. How long in 0.5. Hot totalign unturyrsas.
2. FULL NAME 2 ty as you	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
for while OR DIVORCED (write the word)	(Month) (Oay) (Year)
HISBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 1 -4 3 -1849	2 - 2 2 ,19 3 8 , to 6 - 2 5 - ,19 3 3 teath is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 21. a.m.
86 6 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER/forestlaufus SAWYER, BOOKKEEPER, etc.	Classing Saluella 41
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	influencial
10. Oate deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Mantita
12. BIRTHPLACE (city or town) Ble States Ind. (State or country)	Other Contributory Causes of importance:    Reference
13. NAME / Sly Kitale Jum / tade	
14. BIRTHPLACE (city of town) But But State or country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME Sky a Carpenter	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town) Classic	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT dans a language (Address) (na Callaly)	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place hist Aud Oate 6 - 26, 19.33	Nature of Injury.
19. UNOERTAKER (Address) Oli Garling	24. Was disease or injury In any way related to occupation of deceased?
100 6-25 - 100 NICC 1 1 1 1 1 1 1	(Signed) LMV. Value M.D.

(Address) \_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

V. S. No. 1

N. B.

for-	tate	PA-	
f in	l st	CUI	1
n of	onlo	00	
iter	sh	Jo	1
ery	NS	ent	-
Ev	CIA	tem	
RD.	YSI	sta	
00	PH	act	
25	7	EX	
LN	L	d.	
NE	CI	sifie	
ZW.	XA	clas	
PEI	国	J.	ate.
V	ted	per	tific
SIS	sta	pro	cer
HIS	be	be	Jo
I	plno	may	ack
NK	sho	it.	on l
G	GE	that	Su
NIO	A	80	ctio
FA	lied.	ms,	stru
Z	ddn	ter	e in
E	y s	lain	Se
WI	[[n]a	d u	int.
Y,	car	H	orta
INI	pe	EA1	imp
LA	nld	Q to	ry
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	sho	10 3	TION is very important. See instructions on back of certificate.
RIT	ion	USE	N
-W	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TIO

17. INFORM

(Address)

Place\_

19. UNOERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06371
County St. Mary	Registration Dist. No. 283
Village or City Telen	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MULGARY Verson Man	29-ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) ON 23-1948	I last sew h alive on 21 19.22; daath is said
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 2.10
8. Frada, profassion, or perticular kind of work dona, as SPINNER, How Owner SAWYER, BOOKKEEPER, atc  SAWYER, BOOKKEEPER, atc  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate daceased last workad at this occupation works and this occupation of the same	Christe Indo Cartilis 1920
SAW MILL, BANK, etc  10. Oate daceased last worked at this occupation (month and 92 )	1
12. BIRTHPLACE (city or town) — Cellew — (State or country)	Other Coutributory Causes of Importance:
13. NAME Sourge by Hattingly	
13. NAME State of country)  13. NAME State of country)  14. BIRTHPLACE (city or rown)	Name of operation Dete of  What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME THANK CONVERTERS	23. If daath was due to axternal causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide?Oate of Injury, 19
17 INFORMANT Mary Edith Johnson	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury

If so, specify

(Signad).

(Addrass)

24. Was disease or Injury In any way ralated to occupation of dacaasad?.../

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

	infor-	state
M	item of	pluods
	Every	CIANS
	CORD.	PHYSI
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WIYH UNFADING INK-THIS IS A PERMANENT INCORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR 1	IS A P	stated
Q	HIS	pe
SERVE	NK-T.	plnous
N RES	I DNIC	AGE
MARGI	UNFAL	supplied.
1	WIM	efully
	LY,	car
	AIN	oq p
	PI	nous
-	-WRITE	nation
V. S. No. 1	B.	-
>	ż	(

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactly in posture. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (6372)
1. PLACE OF DEATH	82-00
County DV. / [ [ WV ]	Registration Dist. No.
Village or City IN	No. St., Ward
1 -14 1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME & Rilliam Med Melso	n -
(a) Residence: Noc Immunitym	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (purite tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) March 8 - 1864	I last saw h aliva on many 9 1933 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 5 A m,
69 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	AMELIN SOLLANDUS 1920
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	The second secon
SAW MILL, BANK, etc. 11. Total time (years)	Chilun hemorrhage of 28
this occupation (month and 1932) spent in this 5D occupation.	//933
12. BIRTHPLACE (city or town) X / MULTINATURE (State or country)	Other Contributory Causes of importanca:
13. NAME GENENJAN / USAN	
14. BIRTHPLACE (city or town) Semulation Will	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was thera an aulopsy?
15. MAIDEN NAME / MMM CONTROL MANAGEMENT	23. If death was due to axtarnal causas (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT COMA SUMMER STATEMENT MANTER STATEMENT MANT	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place / DAWN NN Date / WNL /2 19 30	Menner of Injury
Welliam to Whithmander	Nature of injury  24. Was disease or injury in any way related to occupation of decaased?
19. UNDERTAKER AMMIN W. AMMIN W. (Address)	If so, spacify
20. FILED MALL D., 1933 A. 11 JAMES M. Registrar.	(Signed) (Address) M.D. (Address) M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

MARGIN RESERVED FOR BINDING

N. B.-WRITE PLAINLY, WIYA UNFADING INK-THIS IS A PERMANENT INCORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH	<u> </u>	
	County St. Marks	Registration Dist. No.	
	Village or City Helen	No. St., Wa	rd
2		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos6 St,Ward.	is.
_	(Usual place of abode)	If nonresident give city or town and State	
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
0	SEX 4. COLOR OR RACE OR DIVORCED (write the word)  If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Dey)  (Year)	
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	m
-	Dune 17-1933	, 19, to, 19, 19	
-	DATE OF BIRTH (month, day, end yeer)	l last saw h; death is sa	id
	AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	were as follows:	at
NO	8. Trade, profession, or perticular kind of work done, as SPINNER,	Chara complete souther	
OCCUPATION	SAWYER, BOOKKEEPER, etc.	Allan organian for affina	
U.S	work was done, as SILK MILL, SAW MILL, BANK, etc.	- Dung I water w tanks	
Ö	10. Date deceased last worked at this occupation (month and spent in this	·	
	year) occupation	Other Contributory Causes of Importance;	
12.	BIRTHPLACE (city or town) CllM	Cities Constitution of Importance.	
_	(State or country)		
TER	13. NAME JULIE J. GASEL		
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of	_
	(State or country)	Whet test confirmed diagnosis? Was there an autopsy?	
TER	15. MAIDEN NAME X OLW 11. 1MMMAN	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) MUSTIRIA	Accident, suicide, or homicide? Date of injury, 19	
Σ	(State or country)	Where did injury occur?	
17.	INFORMANT AMUSE - VIIII (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Piece ZY 1921	Nature of injury	
19.	UNDERTAKER ACTUAL TO THE MALE MALE MALE MALE MALE MALE MALE MAL	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED SML 17., 19. 23. A. B. Symsym Registrar.	(Signed) A: 12 DAMSAN M.  (Address) My James M.	D.
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	7s 12	Example II	
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 200			
Other contributory causes of importance:		Other contributory causes of importance:	manure.
Gallstones	May 1,1923	Gastroenteritis	1 year
		-	Ten III

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
---

be carefully supplied. AGE should be stated EXACTLY. PHYSICI EATH in plain terms, so that it may be properly classified. Exact staten important. See instructions on back of certificate.	THE THE PARTY OF T	XACTLY. PHYSICI	lassified. Exact staten	
be carefully supplied. AGE should be stated EXACTLY. PHYSICI EATH in plain terms, so that it may be properly classified. Exact staten important. See instructions on back of certificate.	ID W EN	stated E	properly o	certificate.
e carefully supplied. AGE should ATH in plain terms, so that it may portant. See instructions on back	2113	pe	pe	Jo
e carefully supplied. AGE ATH in plain terms, so that iportant. See instructions	T-VI	plnods	it may	n back
e carefully suppli ATH in plain term portant. See ins	ADING	ed. AGE	is, so that	tructions c
e carefully ATH in planportant.	TATO II	suppli	ain term	See ins
	ILIA, WILL	e carefull	In in pl	portant.

should be

S. No.

very

mation s

state

ANS

item

should f OCC

nent

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. 2 County\_\_\_ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... How long In U.S. if of foraign birth? vrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) nale 5a. If marriad, widowed, or divorcad HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) -7. AGE Years Months If LESS than Oays to have occurred on the date stated above, at \_\_\_\_\_ m. 1 day, ..... hrs. 85 or ..... min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Date decaasad last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or tow (State or country) What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOFRTAKER (Address) If so, spacify (Signed). uno 1933 Registrar. (Address) .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF	MARYL	AND-	-CERTI	FICATE	OF	DEAT	H
----------	-------	------	--------	--------	----	------	---

Village or City.  Village or C	1. PLACE OF DEATH		(210-m)
Village or City  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Jesus How long in U. S. if of foreign birth?  Jesus How long in U. S. if the How long in U. S.	County SImo	30	
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Ward.  War	Village or City		No. St Warr
2. FULL NAME  (a) Residence: No. (Usualphee of shods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCEO (syric the word)  S. If married, wisowed, or divorced  (Gr) Wife of  6. DATE OF BIRTH (mooth, day, and year)  7. AGE  7. AG	I moth of proliferate in site and an action	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (Usual place of Boods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  DR DIVORCED (spirct his word)  Sa. If married, wildowed, or divorced (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1 day,hrs.  1 day,	1.0	e death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds
Deep On AL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DIVORCED (sprite the word)  OR DIVORCED (sprite the word)  So. If married, widowed, or divorced HUSBAND of (Month)  (Obj)  (Nonth)  (Obj)  (Ver)  193  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  SAWER, BOOKKEPER, etc.  Lifturatory to business in which work was done, as SINNER, work was done, as SIK MILL, SAW, etc.  19. Married, widowed, or divorced (Month)  (Obj)  (Ver)  11. Total time (years)  But to have occurred on the ada-based above, at S. J. C. F  19. J. J. C. F 19. J. C details is said to have occurred on the ada-based above, at S. J. C. F  19. J. J. C 19. J. C 19	2. FULL NAME	an of the	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Cymic the word)  Martined, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of  DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,	(a) Residence: No.	(Cinge	
21. DATE OF DEATH  19.3  15. IMMERIES, WILDOWED, OR DIVORCED Cymic thas word)  16. DATE OF BIRTH (month, day, and year)  17. AGE  18. Vears  19.3  19.3  19.3  19.3  10. Date of Birth (month, day, and year)  19.3  10. Date of Service on the delivated above, at 25 D.Fm.  19.3  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivated above, at 25 D.Fm.  10. Date of Service on the delivation and service of the service on the delivation and service of the service o	PERSONAL AND STATIS		
OR DIVORCED Cymic the word)  193 3. If married, widewed, or divorced (Month) (Osy) (Year)  193 3. (Month) (Osy) (Year)  194 3. (Month) (Osy) (Year)  194 3. (Month) (Osy) (Year)  195 3. (Month) (Osy) (Year)  195 3. (Month) (Osy) (Year)  19 3. (Month) (Osy) (Year)  194 3. (Month) (Osy) (Year)  195 3. (Month) (Osy) (Year)  195 3. (Month) (Osy) (Year)  196 4. (Month) (Osy) (Year)  197 3. (Month) (Osy) (Year)  197 3. (Month) (Osy) (Year)  198 3. (Month) (Osy) (Year)  197 3. (Month) (Osy) (Year)  198 3. (Month			
Sa. It married, widowed, or divorced HUBSANE SAME SAME SAME SAME SAME SAME SAME SAM	mal Col	OR DIVORCED (write the word)	4.50
HUSBANO of (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hts. or min.  If LESS than I day has a diva query and related causes of importance were so flower as SPINNER work was done, as SPINNER work was done as SPINNER was done as SPINNER work was done as SPINNER was done a	5a. If married, widowed, or divorced	marie	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or. min.  8. Trade, profassion, or particular kind of work done, as SPINNER SANYER, BOOKEPER, etc.  10. Date of ceases diat worked at this occupation (month and year) year) 10. Date of ceases diat worked at this occupation (month and year) (SANYER, BOOKEPER, etc.  10. Date of ceases diat worked at this occupation (month and year) (Sata or country)  11. Total time (years) spent in this Occupation  12. BIRTHPLACE (city or town) (State or country)  13. NAMP  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  23. If death was due as state of the profassion, or particular (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL) Piace  19.33. (Jeach is salt to have accurated to the profassion of the profassion of the particular o	HUSBANO of		22. I HEREBY CERTIFY, That I attended deceased from
TAGE Years Months Days If LESS than 1 day,			1 - 52 1-0 - 111 5.
1 day, nors.  1			I last saw her aliva on free 14 , 1933; death is said
8. Trade, profession, or particular kind of work done as SPINNER kind of w			
A Frace, profession, or particular SANYER, BOOKKEPER, etc.  SANYER, BOOKKEPER, etc.  SANYER, BOOKKEPER, etc.  SINGULY or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  DO 10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAMP  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Raddress)  18. BURIAL, CREMATION, OR REMOVA)  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Signed)  11. Total time (years)  Spant in this occupation  Other Costributory Causes of importance: half mile surcharded the surcharded			were as follows:
A liftgustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAMP WILL (City or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL)  Place  Place  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  10. Date deceased last worked at this occupation of deceased?  (Signed)  16. Signed)  17. Signed)  18. Signed)  M. D. Country in any way related to occupation of deceased?  (Signed)  M. D. Country in any way related to occupation of deceased?  (Signed)  M. D. Country in any way related to occupation of deceased?  (Signed)  M. D. Country in any way related to occupation of deceased?  M. D. Country in any way related to occupation of deceased?  (Signed)	8. Trade, profassion, or particular kind of work done, as SPINNES,	~~~	Druch by allonopile
12. BIRTHPLACE (city or town)  (State or country)  13. NAMP  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  10. BIRTHPLACE (city or town)  Country  Other Couributory Ruses of Importance: half mile Academic State or country)  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, Country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Man	SAWYER, BOOKKEEPER, etc.		forcless solul in
12. BIRTHPLACE (city or town)  (State or country)  13. NAMP  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  10. BIRTHPLACE (city or town)  Country  Other Couributory Ruses of Importance: half mile Academic State or country)  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, Country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Man	work was done, as SILK MILL.		ples series, too velly
12. BIRTHPLACE (city or town)  (State or country)  13. NAMP  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  10. BIRTHPLACE (city or town)  Country  Other Couributory Ruses of Importance: half mile Academic State or country)  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Other Couributory Ruses of Importance: half mile Academic State or country  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, Country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Man	10. Date deceased last worked at	11. Total time (years)	
12. BIRTHPLACE (city or town) (State or country)  13. NAMP  14. BIRTHPLACE (city or town) (Stale or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL) Place Place  19. UNOERTAKER (Address)  10. UNOERTAKER (Address)  10. ELIEP  11. INFORMANT (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. Many Place  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL) Place  19. UNOERTAKER (Address)  19. UNOERTAKER (Coigned)  19. UNOERTAKER (Signed)  19. UNOERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  10. UNDERTAKER (Signed)	tino occupation (month and	spant in this occupation	
(State or country)  (State or country)  13. NAME OF Living For Jean Jean Manner of Injury Secretary Control of Control	12. BIRTHPLACE (city or town)	receil	
13. NAME OF here for fear and seatland F.O.  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Occident 2. Oats of Injury occur?  Where did Injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of Injury Secret 4. 1933,  Manner of Injury Secret 4. 1933,  Manner of Injury Jerush by outsomabiles.  Nature of Injury Fractured shall, in this places.  19. UNOERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)		mel	F. O a.
What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occur?  Where did Injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Oata of Injury and State  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury  Struck  Manner of Injury  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  (Signed)  (Signed)  Manner of Injury  Mas there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Oata of Injury  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Manner of Injury  Struck  Manner of Injury  Manner o	13. NAMP for heiston	from	The state of the s
What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occur?  Where did Injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Oata of Injury and State  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury  Struck  Manner of Injury  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  (Signed)  (Signed)  Manner of Injury  Mas there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Oata of Injury  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Manner of Injury  Struck  Manner of Injury  Manner o	14. BIRTHPLACE (city or town)	vlune	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAN  Place of solution of deceased?  18. BURIAL, CREMATION, OR REMOVAN  Place of solution of deceased?  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  10. ELLED Lease 6, 19.3.3  10. ELLED Lease 6, 19.3.3  10. Sharing and solution of deceased?  (Signed)  10. Sharing and solution of deceased?  11. Sharing and solution of deceased?  12. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  10. Sharing and solution of deceased?  (Signed)  10. Sharing and solution of deceased?  (Signed)  11. Sharing and solution of deceased?  (Signed)  12. Sharing and solution of deceased?  (Signed)  13. Sharing and solution of deceased?  (Signed)	(Stale or country)	my	
Where did Injury occur?  Specify city or town, County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Land Oata fuce 16, 1933  Manner of Injury Struck by outsmaller.  Nature of Injury Tractural Should, in this flaces.  19. UNOERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	15. MAIDEN NAME	, Euro	
Where did Injury occur?  Specify city or town, County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Land Oata fuce 16, 1933  Manner of Injury Struck by outsmaller.  Nature of Injury Tractural Should, in this flaces.  19. UNOERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	0 16. BIRTHPLACE (city or town)	of Know	
17. INFORMANT (Address)  18. BURIAL, OREMATION, OR REMOVAL Place Level Oata fuel /6, 1933  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  20. ELLED Level 6, 1933  Address  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Struck by outamabile.  Nature of Injury Fractuaed should, in two places.  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Signed)	E   (State or country)	7	Where did Injury occur? St. Mary? County France
(Address)  18. BURIAL, CREMATION, OR REMOVAL) Places fuller Court, Oata full /6, 1933  19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  20. ELLED full (1933)  (Signed)  (Signed)	17. INFORMANT D. Th.	who i	(Specific city on town Wounty on J C. V.
Place Leveles Cerch Oata fuce 16, 1933  Nature of Injury — Tractical Should, in this places,  19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)		lloud	
19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)	18. BURIAL, CREMATION, OR REMOVAL	a 1 11 25	
(Address) Science of If so, specify 20. ELLED Level 6, 1933 John (Signed) 1 July	Place P A COLO	7 Oata 1000, 1923	Nature of Injury Fractional skill, in two places,
20. ELLED July (Signed) Illery	19. UNOERTAKER	reducero	24. Was disease or injury in any way related to occupation of deceased?.
	,	accerded by	If so, specify
	20. ELLED 1933	A) Here	(Signed) M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No.		Registrar.	(Address) Reelse Incl

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	TO CHE THE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

1. PLACE OF DEATH	(3)
County At Maryo	Registration Dist. No. 287
Village or City Valley des	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME annie Watts	9
	O. W. J
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Pay)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Rousey Watts	1 HEREBY CERTIFY, That I ottandad decassod from
abut 1877	last saw he alive on 24 1932 death is sold
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Doys If LESS than	to hovo occurred on the data stated above, at . Z. A m.
about 56 unknown of min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trada profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Unem ec 6/1/33
9. Undustry or business in which work was dona, as SILK MILL,	717
SAW MILL, BANK, etc.	
11. Total time (years)  this occupation (month ond year)  year)  11. Total time (years)  spent in this 40 occupation 40	
V 11 1	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Intestitul nightin 1925
# 13. NAME Robert Toulor	1720
13. NAME PROBLEM TANKS  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whot test confirmed diagnosis? Was there on outopsy?
표 15. MAIDEN NAME	23. If doath was due to oxtornal causes (ViOL ENCE) fill in olso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town). Unforcement	Accident, sulcida, or homicide? Dato of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Octor Buses (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury
Place Betherda Date June 26, 19.33	Nature of injury
19. UNDERTAKER Thomas Hanis	24. Was disaasa or injury in ony woy related to occupotion of deceased?
(Address) knownille Ind	If so, specify
20. FILED June 26, 1933 Plan mo	(Signed) M. D. (Address) Sheet Mr III M. D.
Acgoria.	Vision of the second of the se

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
------------------------------------	-----------	-----------

	CERTIFICATE OF DEATH 063
1. PLACE OF DEATH	92.0
County Of Mary	Registration Dist. No. 282
Village or City at an Allesville	ND. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city of town where death occurred Lys-yrsmos	
2. FULL NAME George Williams	Vand
(a) Residence: No. July Hellwille	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male of OR DIVORCED (write the word)	(Month) 29 , 193 3 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Ofental Hard Bullion	22. I HEREBY CERTIFY, That attended deceased f
6. DATE OF BIRTH (month, day, and year) Warch - 1885	I last saw h 1927 - shue off I from J J 19 12; death is
7. AGE Years 7 Months Days If LESS than	to have occurred on the date stated ebove, at
1885 mark unrum 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cerefref Combolism pay
3 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Encherastilis Chronis 193
this occupation (month and page 1 2 spent in this	l-f.
yaar) occupation fell man	Dther Coutributory Causea of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME John Dood	
14. BIRTHPLACE (arty or town).	Name of oparation Data of
(State or country) of Maryales Ma	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MUNICIPALITY TO THE STATE OF	23. If death was due to external causes (ViOLENCE) fill In also the Tollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) of the state of the	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Andrewilly Practice (Address) Freshandervilly Practice	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place. At What Seemell Date. 1884, 195.5	- Nature of injury
19. UNDERTAKER 19. 4 Mattingles	24. Was disease or Injury in any way related to occupation of dacassed?
(Address), Jemas alowh Isa	if so, spacify
20. FILED (2) 31 , 153 Carrelle Registrar.	(Signad) (Addrass) (Addrass) (Addrass)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AREA .			100
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year